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16 JUL 25 AM 8: 04 SECRETAR OF STATE TALLAHASSEE FLORIDA

16 JUL 26 AH IO: 57

I. HARRIS

CORPORATION SERVICE COMPANY
1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 228991 4809148

AUTHORIZATION : Small Bland

ORDER DATE : July 25, 2016

ORDER TIME : 4:48 PM

ORDER NO. : 228991-015

CUSTOMER NO: 4809148

FOREIGN FILINGS

NAME: BONNET CREEK WALDORF ASTORIA

LESSEE LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

COVER LETTER

TO:

Registration Section

Divis	ion of Corporations			
SUBJECT:	Bonnet: Creek Waldorf Astoria Lessee LLC	:		
SUBJECT: _	Nam	of Limited Liability Con	npany	
The enclosed Existence, and	*Application by Foreign Limited Liability (check are submitted to register the above t	Company for Authorization referenced foreign limited	n to Transact Business in Florida," Certificate of liability company to transact business in Florida	
Please return a	all correspondence concerning this matter to	the following:		
	Abigail Hotchkin			
	Name of Person			
	Hilton Worldwide			
	Firm/Company			
	7930 Jones Branch Drive, 11th Floor			
Address				
McLean, VA 22102				
	C	ity/State and Zip Code		
	Abigail.Hotchkin@hilton.com			
E-mail address: (to be used for future annual report notification)				
For further in	formation concerning this matter, please cal	l:		
Abi	gail Hotchkin		883-5732	
	Name of Contact Person	Area Code	Daytime Telephone Number	
Divis Regi P.O.	LING ADDRESS: sion of Corporations stration Section Box 6327 shassee, FL 32314	D R C 26	TREET ADDRESS: ivision of Corporations egistration Section lifton Building 661 Executive Center Circle fallahassee, FL 32301	
	check for the following amount: 25.00 Filing Fee \$\square\$	& S155.00 Filing F Certified Copy	Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605/002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	" or "LLC.")
(Street Address of Principal Office) A. (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty hability) 5. 7930 Jones Branch Drive, 11th Floor, McLean, VA 22102 (Street Address of Principal Office) 6. 7930 Jones Branch Drive, 11th Floor, McLean, VA 22102 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Corporation Service Company Office Address: Tallahassee . Florida 32301 (City) . Florida 42301 (Zip code) Having been named as registered agent and to accept service of process for the above stated limited that designated in this application. I hereby accept the appointment as registered agent and agree to act in a accept the obligations of all statutes relative to the proper and complete performance of my dutic Corporation Service Company By: (Registered agent's signifiare) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Corporation President & Secretary 7930 Jones Branch Drive, 11th Floor McLean, VA 22102	name must include "Limited
4. (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. 7930 Jones Branch Drive, 11th Floor, McLean, VA 22102 (Street Address of Principal Office) 6. 7930 Jones Branch Drive, 11th Floor, McLean, VA 22102 (Muiling Address) 7. Name and street address of Florida registered agent: (P.O. Box MOT acceptable) Name: Corporation Service Company 1201 Hays Street Tallahassee . Florida 32301 (Registered agent's acceptance: (City) (Zip code) Registered agent application. I hereby accept the appointment as registered agent and agree to act in to complywith the provisions of all statutes returne to the proper and complete performance of my dutic Corporation Service Company By: Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: 1930 Jones Branch Drive, 11th Floor 1940 McLean, VA 22102	
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R. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: jean Dell'Orto, President & Secretary 930 Jones Branch Drive, 11th Floor Action, VA 22102 Attached is a goal for the second seco	this capacity. I further agra ies, and I am familiar with a Courtney Williams
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930 Jones Branch Drive, 11th Floor 4cLean, VA 22102 Attached is a continue of the second se	
Attached is a qualification of the second of	
Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having the translator must be submitted) (If the certificate is in a foreign language, a translation of the translator must be submitted)	
	coustody of records in the of the certificate under outh
Signature of an authorized person	_
is document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any smitted in a document to the Department of State constitutes a third degree felony as provided for in §.817.	v false information

Typed or printed name of signee

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BONNET CREEK WALDORF ASTORIA LESSEE

LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS

IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF

THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF JULY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BONNET CREEK WALDORF ASTORIA LESSEE LLC" WAS FORMED ON THE NINTH DAY OF JUNE, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

e at corp.delaware.gov/auth

Authentication: 202715183

Date: 07-25-16